

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-000005**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 36

**FILED FEB 4 1963**

VS 300  
Rev. 4/59

0017

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Kirksville</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K. O. H. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>711 S. Franklin</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mildred</u> Middle <u>Branson</u> Last <u>Branson</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/16/91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Spickard, Mo.</u>
13a. FATHER'S NAME <u>W. M. Cartmill</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Chipps</u>	14. NAME OF HUSBAND OR WIFE <u>Joe D. Branson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Cliff Cornwell-Kirksville, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> Left Ventricular Hypertrophy and Dilation with Tachycardia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Coronary Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of Right Hip with Surgical Repair</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>6 hours</u> <u>Sev. years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Patient walking and fell</u>	
20c. TIME OF INJURY Hour <u>2:00A.</u> a.m. m. Month, Day, Year <u>1-26-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Kirksville, Missouri</u>	
21. I attended the deceased from <u>1-26-63</u> to <u>1-29-63</u> and last saw her alive on <u>1-29-63</u> Death occurred at <u>10:45 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Kirksville, Missouri</u>	
22a. SIGNATURE <u>James F. Lipe, D.O.</u>		22c. DATE SIGNED <u>1-28-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1/29/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>North Evans</u>	23d. LOCATION (City, town, or county) <u>E. of Spickard, Mo.</u>
24. FUNERAL DIRECTOR <u>Wise Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-1963</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>

OCT 3 1963

JAMES F. GIRE, D.O.

Permit issued January 29, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.